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Bib Data Sheet

CONFIRMATION NO. 6511

| SERIAL NUMBI 10/537,792 | ERIAL NUMBER 10/537,792 FILING OR 371(c) DATE 06/06/2005 RULE | | CLASS 600 | | GROUP ART UNIT 3762 | | ATTORNEY DOCKET NO. US020502 US | | |
|--|---|---|-------------------------------|---------------------------|------------------------|---|---------------------------------------|--|---|
| ** CONTINUING I This applica which claim and claims | DATA ation is be bene | ainbridge Island, WA; A ********************************** |)5812 12 13/2002)/2003 | /05/2003 | | | | | *************************************** |
| ** FOREIGN APPLICATIONS ************************************ | | | | STATE OR COUNTRY WA | SHEETS DRAWING 6 | | TOTAL CLAIMS 21 | | INDEPENDENT CLAIMS 3 |
| 28159 TITLE External defibrillat | tor wi | ith shock activated by o | cessation | of precordial | compre | essions | | | |
| RECEIVED | RECEIVED No to charge/credit DEPOSIT ACCOUNT | | | | | All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit | | | |